

Department of Mental Health
TRANSMITTAL LETTER

SUBJECT

DMH Hypothermia Policy

POLICY NUMBER

DMH Policy 340.1

DATE

April 22, 2002

TN#

05

Purpose. This new policy was developed to set forth procedures for the DMH to assist in the District effort to save lives and prevent serious injury that can be caused by a person's extended exposure to severe winter weather conditions, and to identify and treat those individuals in need of mental health services.

Applicability. Applies to the DMH certified Core Services Agencies (public and private), Saint Elizabeths Hospital (SEH), DMH contractors, and all other mental health providers who are licensed or certified by the DMH. References to DMH refer to DMH when it is acting as the mental health authority for the District.

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate MHA offices and DMH leadership committee(s).

Implementation Plans. A plan of action to implement or adhere to a policy must be developed by designated responsible staff. If materials and/or training are required to implement the policy, these requirements must be part of the action plan. Specific staff should be designated to carry out the implementation and program managers are responsible to follow through to ensure compliance. Action plans and completion dates should be sent to the appropriate authority. Contracting Officer Technical Representatives (COTRs) must also ensure that contractors are informed of this policy if it is applicable or pertinent to their scope of work.

Policy Dissemination and Filing Instructions. Managers/supervisors of the DMH must ensure that staff are informed of this policy. Each staff person who maintains policy manuals must promptly file this policy in Volume I of the blue **DMH** Policy and Procedures Manual.

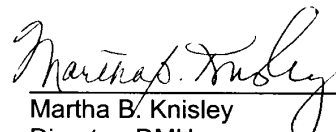
ACTION


REMOVE AND DESTROY

NONE

INSERT

DMH Policy 340.1


Martha B. Knisley
Director, DMH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF MENTAL HEALTH	Policy No. 340.1	Date April 22, 2002	Page 1
	Supersedes None		

Subject: DMH Hypothermia Policy

1. **Purpose.** To set forth procedures for the Department of Mental Health (DMH) to assist in the District effort to save lives and prevent serious injury that can be caused by a person's extended exposure to severe winter weather conditions, and to identify and treat those individuals in need of mental health services.
2. **Applicability.** Applies to the DMH certified Core Services Agencies (public and private), Saint Elizabeths Hospital (SEH), DMH contractors, and all other mental health providers who are licensed or certified by the DMH. References to DMH refer to DMH when it is acting as the mental health authority for the District.
3. **Authority.** Mayor's Order 2001-161, D.C. Hypothermia Procedures, dated October 31, 2001, and D.C. Hospitalization of the Mentally Ill Act of 1965, as amended, 78 Stat. 44, D.C. Official Code § 21-521.
4. **Policy.** The DMH shall work with other agencies throughout the District to identify vulnerable homeless people living in exposed, unprotected areas and provide immediate access to shelter and mental health services when needed during the hypothermia season (See Section 5a below).
5. **Definitions.**
 - 5a. **Hypothermia.** A life threatening condition occurring when a person's body temperature falls below 95 degrees Fahrenheit due to exposure to cold and wet conditions. The hypothermia season begins November 1 and extends through March 31 and may be extended if hypothermia conditions extend beyond March 31. In the District of Columbia, hypothermia conditions exist when the temperature and/or wind-chill is expected to be 32 degrees or lower.
 - 5b. **Frigid Temperature Protection Amendment Act** was enacted to assure that persons who are homeless are protected from injury and death from hypothermia by providing shelter for them when the temperature falls below 26 degrees Fahrenheit.
 - 5c. **Hypothermia Alert.** A notification from the Emergency Management Agency (EMA) to specified District agencies when the temperature and/ or wind chill is expected to fall to 32 degrees Fahrenheit.
6. **Background.** Hypothermia is a dangerous condition, and a person with substance abuse problems or mental illness who is exposed to cold weather may be unaware of the risks of hypothermia or that his or her body temperature has fallen to the point of danger. Once a person is suffering from hypothermia, he or she must be removed from the street and usually requires medical intervention. At times, a person at risk of becoming hypothermic will voluntarily accept help, but sometimes they must be helped involuntarily (See Section 7b below).

7. **Preparation/Coordination of Outreach Activities.** In accordance with the Mayor's Order 2001-161, DMH will work in a collaborative effort with other District agencies to perform outreach services to vulnerable people on the streets. The services provided by various agencies shall include the following:

7a. Identifying hypothermia shelter sites; operating the 24-hour shelter hotline (**1-800-535-7272**); and

7b. When necessary, collaborating with the Metropolitan Police Department (MPD) to ensure that the FD-12, emergency psychiatric assessment process under the Ervin Act, and the public intoxication statute are appropriately applied to ensure that vulnerable persons who are homeless are removed from the streets during severe weather conditions (See Sections 9 and 10 below).

Note: Only a physician or qualified psychologist of the person, officer or agent of D.C. Department of Mental Health, or law enforcement officer authorized to make arrests may complete and sign a Form FD-12, Application for Emergency Hospitalization.

8. **DMH Role.**

8a. Provide outreach workers from the Homeless Outreach Program to provide assistance to vulnerable people on the streets (e.g., provide warm clothing and blankets, warm food and beverages, hypothermia education, and coordinate access to crisis services) during the hypothermia season.

8b. Provide assessment and mental status examination of people brought to the Comprehensive Psychiatric Emergency Program (CPEP) and provide or arrange for transport to the Saint Elizabeths Hospital, crisis beds, other psychiatric hospitals, APRA, or hypothermia shelters as appropriate (also see Section 10 below).

8c. Participate in a root cause analysis of hypothermia deaths occurring in the District.

9. **Emergency Psychiatric Assessment and Public Intoxication.**

9a. If a person requires services pursuant to the Ervin Act, he or she shall be transported by an officer from the police department, or others as appropriate, to an emergency or non-emergency medical facility for appropriate crisis intervention, medical assessment, or other supportive services.

9b. If the person is medically cleared and stabilized and if the person has been diagnosed as chemically dependent and requiring medical detoxification, they shall be transported to the DOH/Addiction Prevention and Recovery Administration (APRA) medical detoxification unit for assessment and appropriate placement. The DOH/APRA detoxification unit shall provide medical detoxification and offer substance abuse treatment as clinically warranted.

10. **DMH Comprehensive Psychiatric Emergency Program (CPEP) Responsibilities.** The CPEP admitting psychiatrist, qualified physician, or qualified psychologist shall personally perform a mental status examination upon the arrival of a person brought to CPEP. This examination may not be performed by anyone other than a psychiatrist, qualified physician, or qualified psychologist.

10a. For People with Mental Illness who are on the Street, but are not Intoxicated.

- **Voluntary Admission.** People brought to CPEP voluntarily for assessment that need hospitalization or crisis services shall be provided with those services and/or medical clearance as appropriate.
- **Non-Voluntary Admission.** The psychiatrist, qualified physician, or qualified psychologist shall complete the certificate of psychiatrist, qualified physician, or qualified psychologist under D.C. Official Code § 21-522, in duplicate, if he/she is of the opinion that the person has symptoms of a mental illness and, as a result thereof, is likely to injure himself/herself or others if not hospitalized immediately, and that hospitalization is the least restrictive form of treatment available to prevent the person from injuring himself/herself or others.
- When hospitalization is deemed necessary, the person shall be transported from CPEP to St. Elizabeths Hospital, crisis beds, or other psychiatric hospitals, as appropriate.
- People who are not in need of hospitalization or crisis services shall be provided with transportation through existing hypothermia van to appropriate hypothermia shelters.

10b. For people who are Intoxicated. People brought to CPEP, who are not mentally ill, and are intoxicated, shall be referred to APRA for assessment and appropriate placement.

10c. For People who are both Intoxicated and have a History or Signs of Mental Illness. People who are brought to CPEP who are mentally ill and intoxicated shall be escorted to APRA, located on DC General Hospital grounds, and then transferred back to CPEP to receive the appropriate psychiatric assessment and disposition.

11. Extended Services Provided to the Homeless.

11a. Mental health providers shall work with their homeless consumers and their advocates to identify appropriate housing plans and other service needs.

11b. The Homeless Outreach Program shall work closely with homeless providers, holding case conferences and serving as a safety net to prevent consumers from falling through the cracks.

11c. Saint Elizabeths Hospital shall ensure appropriate outplacement of homeless consumers.

12. Memorandum of Agreement (MOA). The DMH shall participate with other D.C. agencies in the annual review of a MOA that outlines the coordination of the District's service delivery to the homeless during the hypothermia season.

13. Education and Training.

13a. The DMH shall participate in the annual hypothermia training, sponsored by the Community Partnership or the Department of Human Services designated agency, for homeless service providers and the hypothermia hotline staff.

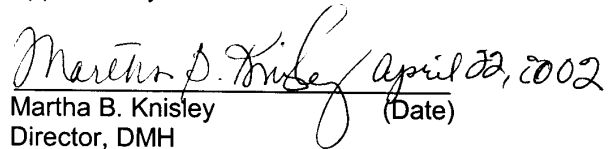
13b. The DMH shall participate in the in-service training and/or preventive health educational sessions offered through the Department of Health for shelter providers and community outreach workers. This training shall introduce new methods of helping persons who appear to be at-risk.

14. DMH Participation in the Investigation of D.C. Hypothermia Deaths.

14a. The DMH Homeless Outreach Program, in partnership with Department of Human Services, shall serve as co-convenor of a "root cause" analysis group.

14b. The group shall review deaths of homeless persons who are found on D.C. streets and the contact or lack of contact that the deceased may have had with the continuum of care or mainstream system and review procedures, processes and systems for the purpose of making recommendations for the improvement in the homeless continuum of care services.

Approved By:


Martha B. Knisley
Director, DMH

(Date)